

Department of Veterans Affairs

Office of Quality and Safety

VA Hospital Compare

ASPIRE User Guide

Website: You can connect to the Aspire dashboard from the www.hospitalcompare.va.gov website

UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS



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Department of Veterans Affairs Hospital Compare

Welcome to the VA Hospital Compare web site. This site is for Veterans, family members and their caregivers to compare the performance of their VA hospitals to other VA hospitals. Using this tool, Veterans, family members, and caregivers can compare the hospital care provided to patients



Dr. Robert A. Petzel
Under Secretary for Health
Department of Veterans Affairs
[Play Video](#)

Quality Information on this web site is divided into four sections:

- 1) LinkS ("Linking Information Knowledge and Systems") summarizes outcomes in areas such as acute care, safety, Intensive Care and other measures
- 2) ASPIRE documents quality and safety goals for all VA hospitals, plus how well our hospitals are meeting these goals
- 3) Compare how well your local VA hospital cares for its veterans with congestive heart failure, heart attack and pneumonia
- 4) Tracks progress in the VA in reducing complications from surgery including infection, blood clots, cardiac, and respiratory problems

VA Transparency Program

The Secretary of Veterans Affairs (VA) and the VA's Under Secretary for Health [are committed to transparency](#) – giving Americans the facts. The Veterans Health Administration (VHA) releases the quality goals and measured performance of VA health care in order to ensure public accountability and to spur constant improvements in health care delivery. The success of this approach is reflected in our receipt of the Annual Leadership Award from the American College of Medical Quality.

Raising the bar for the 21st century healthcare

Much of the data in LinkS and ASPIRE are simply not measured in other health systems – VA is raising the bar. When available, VA uses outside benchmarks but often sets VA standards or goals at a higher level. VA scores hospitals more than 30% different from the goal as underperforming or red and those only 10% different from the goal are shown in green in ASPIRE. But a red site within the VA might be a good performer compared to outside counterparts. The scoring system is designed to move VA forward. ASPIRE is not about finding fault but about helping VA to target opportunities for improving performance

ASPIRE is a dashboard that documents quality and safety goals for all VA Hospitals. This data shows strengths and opportunities for improvement at the national, regional and local hospital level. Aspire data supports the VA's mission of a continuous health care improvement program to provide the best possible care to Veterans. The database lists many "measures" and our goal for each measure. The data shows "where we are" in comparison to where we want to be. A simple example would be for blood pressure management. The goal for all veterans age 18-85 with high blood pressure is to have blood pressure readings less than 140/90. This measure shows the percentage of Veterans meeting that blood pressure goal. The data in this dashboard will be updated on a regular basis.

VA's Linking Information Knowledge and Systems (LinkS) is a web based dashboard that documents outcome measures for acute care, ICU, outpatient, safety and annual measures. This data shows strengths and opportunities for improvement at the national, regional and local hospital levels. LinkS supports the VA mission to provide the best possible care to the Veterans. The dashboard shows what we are measuring and our result. A simple example would be for smoking. We measure the percentage of veterans that smoke and what we've done to help them stop smoking such as smoking cessation classes, counseling or medication to help them quit. The data will be updated on a regular basis.

[Compare a VA Hospital](#)

[Click here to open ASPIRE](#)

When you click on “Compare a VA Hospital,” this page opens. To return to the prior page click on link to return to VA Compare

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VA Transparency Program

VA's transparency program reports VA health care goals, successes and opportunities to improve. The Aspire and Link dashboards provide information on how VA Medical Centers meet these goals. The Aspire dashboards depict how each of VA Medical Center measure up to quality goals and is divided into two sections: LinkS (Linking information knowledge and systems) and ASPIRE. The LinkS dashboard reports outcome and processes for acute care, intensive care unit (ICU), and patients safety measures. This type of information is made for health care professionals by statisticians and may be difficult to understand. A glossary or definitions is provided for each section . Questions can be referred to the Public Affairs office at any of our [Medical Centers](#).

Select an area of interest from the map to see how your local medical center is performing.

State	Number
WA	20
OR	20
ID	19
MT	19
ND	23
SD	23
NE	23
IA	11
WI	11
MI	11
IN	11
OH	11
PA	10
NY	2
VT	1
NH	1
MA	1
CT	1
RI	1
NJ	3
DE	5
MD	5
VA	6
Wash. DC	6
NC	6
SC	7
GA	7
FL	8
PR	8
LA	16
MS	16
AL	16
TN	9
KY	9
MO	15
KS	15
OK	15
AR	15
TX	17
NM	18
AZ	18
UT	18
CO	18
WY	19
NV	22
CA	21
AK	20
HI	21

You will see results of the VA medical center of interest by clicking over the region where the VA medical center is located.

The next screen shows links or how to get to the ASPIRE dashboard or the LinkS dashboard. Access to the glossary or definitions for the measures in each dashboard are right next to the dashboard links.

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VISN 10 ASPIRE & LinkS Dashboards

ASPIRE Quality and Safety Dashboard

[Return to Map](#)

ASPIRE is a web-based dashboard that documents quality and safety goals for all VA Hospitals. This data shows strengths and opportunities for improvement at the national, regional and local hospital level. ASPIRE data supports the VA's mission of a continuous health care improvement program to provide the best possible care to Veterans. The database lists many "measures" and our goal for each measure. The data shows "where we are" in comparison to where we want to be. A simple example would be for blood pressure management. The goal for all veterans age 18-85 with high blood pressure is to have blood pressure readings less than 140/90. This measure shows the percentage of Veterans meeting that blood pressure goal. Please use the glossary of terms for an explanation of the measurements.

The ASPIRE dashboard is a work in progress. The data in the dashboard will be updated on a regular basis. Measures currently on the dashboard that lack values or results will be updated as the data becomes available. New measures will also be added to future dashboard versions as important targets for improvement emerge.

[ASPIRE Dashboard Application](#) [Glossary of Terms for the ASPIRE Measures](#)

[Print Version of the ASPIRE Dashboard Application](#)

Click here for ASPIRE Dashboard

VA's Linking Information Knowledge and Systems (LinkS)

VA's Linking information Knowledge and Systems (LinkS) is a dashboard that documents outcome measures for acute care, ICU, outpatient, safety and annual measures. This data shows strengths and opportunities for improvement at the national, regional and local hospital levels. LinkS supports the VA mission to provide the best possible care to the Veterans. The dashboard shows what we are measuring and our result. A simple example would be for smoking. We measure the percentage of veterans that smoke and what we've done to help them stop smoking such as smoking cessation classes, counseling or medication to help them quit. Please use the glossary of terms for an explanation of the measurements. The data will be updated on a regular basis

[Print Version of the LinkS Dashboard](#) [Glossary of Terms for the LinkS Measures](#)

This is the next screen when you click on the ASPIRE dashboard. Go to the left hand bottom screen and click continue to get to the information.

Aspire [hospital compare home](#) [period...](#) [intro](#)

Introduction - Welcome to the Aspire dashboard

About Aspire

Aspire is a web-based dashboard that documents quality and safety goals for all VA Hospitals. This data shows strengths and opportunities for improvement at the national, regional and local hospital level. Aspire data supports the VA's mission of a continuous health care improvement program to provide the best possible care to Veterans. The database lists many "measures" and our goal for each measure. The data shows "where we are" in comparison to where we want to be. A simple example would be for blood pressure management. The goal for all veterans age 18-85 with high blood pressure is to have blood pressure readings less than 140/90. This measure shows the percentage of Veterans meeting that blood pressure goal.

The Aspire dashboard is a work in progress. The data in the dashboard will be updated on a regular basis. Measures currently on the dashboard that lack values or results will be updated as the data becomes available. New measures will also be added to future dashboard versions as important targets for improvement emerge.

Before you continue...

Step 1. Make sure that your browser window is wide enough and tall enough so that you **do not see** a horizontal scrollbar at the bottom nor a vertical scrollbar on the right.

Step 2. After you click the [continue] button and see the dashboard, please select the help pane for brief instructions on using the dashboard. You will select the help pane from the help/print dropdown at the top of the page, which will look like this...

[help / print...](#)

Now click the [continue] button below to proceed to the dashboard.

[continue](#)

Click on the **continue** button to open the dashboard



Aspire													hospital compare
Domains · Measures · Aspirational Goals				Aspirational Goals Met · click VISN (01 to 23) to expand									
	2	Avg.	Goal	01	402	405	518	523A4	523A5	608	631	650	689
Safety	▼ ?			VISN 01 New England facility 402 Togus, ME (level 3)									
Effectiveness	▼ ?												
Efficiency	▼ ?												
Timeliness	▼ ?												
Patient-Centeredness	▼ ?												
Equity	▼ ?												

From left to right

- 1 DOMAINS: Are broad categories. Each domain contains measures. Click on a domain and the measures and results for that category will be displayed

Safety
MRSA infection rate
VAP infection rate
CLAB infection rate
Composite SCIP
Hospital acquired pressure ulcer rate
Incorrect Surgery

OR

- 2 Click on  to open the domain. At this time the results for the measures will be visible. Click  to display definition of domain

		Avg.	Goal
Safety	▲ ?		
MRSA infection rate	0.29	0.29	0.00
VAP infection rate	2.21	2.21	0.00
CLAB infection rate	1.53	1.53	0.00
Composite SCIP	99		99
Hospital acquired pressure ulcer rate	3.19	3.19	0.00

- 3 **Avg** reports the VA national average for the domain and measure; **Goal** identifies the target if care was perfect for domain and measure

- 4** Veteran Integrated System Networks (VISN) or regions are numbered from from 1-23 across the top of the dashboard. Click on the VISN (refer to map for region number) and the hospitals in the region will be displayed **(4A)** . If you hold the cursor or pointer over the facility identification number, you will see the name and location of that hospital **(4B)**.

4A

04	460	503	529	540	542	562	595	642	646	693	05	06	07	08	09
VISN 04 Stars & Stripes															
0.16	0.45	facility 460 Wilmington, DE (level 3)		0.00	0.16	0.18	0.14	0.61	0.17	0.63	0.28	0.27			
3.22	ns			ns	ns	4.12	ns	2.03	3.76	1.07	1.10	1.95			

4B

5 Hospital Compare

- 6 Time period.** Results for the current period are at the top of drop down box. Click on the other time periods to see previous results.

7 Trending Indicator

5 **6** **7** **8**

hospital compare home					FY10 Q3 YTD					help / print...				
expand					FY10 Q3 YTD									
631	650	689	02	03	FY10 Q2 YTD									
					FY10 Q1 YTD					07 08 09 10				
					FY09 ALL									

- 8 help/ print** and drop down box will show the help, print and abstract.

8

help / print...
help
print
abstract

9 When you click on abstract the definitions of domains and measures are displayed. Scroll down on the right hand side to see all the domains and measures

Abstract • click [print] to get a PDF copy

9

Safety — MRSA infection rate

Number of Methicillin-resistant Staphylococcus Aureus (MRSA) infections per 1,000 bed days of care.

This is an **outcomes (O)** measure for which a **lower** value is better than a higher value.

Safety — VAP infection rate

Number of ventilator-associated pneumonias (VAP) per 1,000 ventilator days.

This is an **outcomes (O)** measure for which a **lower** value is better than a higher value.

Safety — CLAB infection rate

Number of central line associated blood (CLAB) stream infections per 1000 central line days. A central line is an intravascular catheter that terminates at or close to the heart or in one of the great vessels which is used for infusion, withdrawal of blood, or hemodynamic monitoring.

This is an **outcomes (O)** measure for which a **lower** value is better than a higher value.

Safety — Composite SCIP

Composite Surgical Care Improvement Project (SCIP)

This measure consists of several measures that assess the care of Veterans who have had surgery. The individual measures include the percent of surgery patients: (1) who received treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery; (2) whose doctors ordered treatments to prevent blood clots after certain types of surgeries; (3) who were given the right kind of antibiotic to help prevent infection; (4) whose preventive antibiotics were stopped at the right time (within 24 hours after surgery); (5) heart surgery patients whose blood sugar (blood glucose) is kept under control in the days right after surgery; (6) who had hair removed (if necessary) using a safe method like electric clippers or hair

close

Place cursor over close and click to return to safety measure scores

Domains • Measures • Aspirational Goals		
Safety	▲ ?	
MRSA infection rate		O _↓
VAP infection rate		O _↓
CLAB infection rate		O _↓
Composite SCIP		P _▲
Hospital acquired pressure ulcer rate		O _↓
Incorrect Surgery		P _▲

10

O indicates that this is an **outcomes** measure

▲ indicates that a **lower value** is better than a higher value

click O to display the definition of this measure

Composite SCIP

P indicates that this is a **process** measure

▼ indicates that a **higher value** is better than a lower value


click P to display the definition of this measure

10 O in this column = an outcome measures and P = a process measure. The following arrow indicates whether a higher number (arrow at the top) or a lower number (arrow in the bottom corner) is best. Place the cursor over the **O_↓** and the display definition will show; Repeat for **P_▲**

11 What do the colors mean? Click on the key at the bottom of the left hand side of the dashboard and there will be an explanation of the color coding.

Domains · Measures · Aspirational Goals				Aspirational Goals Met · click VISN (01 to 23) to expand																						
		Avg.	Goal	01	02	03	04	05	06	07	08	09	10	11	12	15	16	17	18	19	20	21	22	23		
Safety	▲ ?																									
MRSA infection rate	O _d	0.29	0.00	0.71	0.19	0.22	0.16	0.61	0.17	0.63	0.28	0.27	0.22	0.18	0.29	0.17	0.27	0.24	0.15	0.12	0.11	0.24	0.44	0.26		
VAP infection rate	O _d	2.21	0.00	0.80	3.68	2.82	3.22	2.03	3.76	1.07	1.10	1.95	3.23	2.21	1.62	1.15	3.84	1.10	1.71	2.10	0.92	1.63	2.89	3.64		
CLAB infection rate	O _d	1.53	0.00	1.65	1.59	0.74	1.34	1.68	2.15	0.90	0.52	2.03	1.41	1.93	0.92	3.02	2.25	1.17	1.02	3.33	0.16	1.44	3.14	0.70		
Composite SCIP	P ^a		99	98	97	97	97	98	98	98	98	98	98	97	97	98	98	96	98	96	98	98	99	98		
Hospital acquired pressure ulcer rate	O _d	3.19	0.00	1.88	2.34	3.00	1.85	2.02	2.15	1.89	2.32	2.65	2.22	2.07	2.22	1.71	2.37	1.88	2.48	0.90	2.14	2.19	3.46	1.66		

aspirational within 10% within 20% within 30% > 30% away no data click the key symbol for an explanation of the color key and scoring

11  aspirational within 10% within 20% within 30% > 30% away no data click the key symbol for an explanation of the color key and scoring

[hospital compare home](#)
[FY10 Q3 YTD](#)
[key](#)

Key Explanation

The color key shows the difference between a given measure and the aspirational goal for that measure.

0%10%20%30%

← difference from goal

aspirationalwithin 10%within 20%within 30%> 30% away

⑤④③②①

← score

Each color is assigned a numeric **score**, as shown. For **most** measures, the aspirational goal is compared to the measure value. For measure values that do not meet the goal, the percent difference between the goal and measure value is calculated. When a lower value is desirable, for measures such as RSMR, the percent difference is calculated as:

$$\frac{\text{value} - \text{goal}}{\text{goal}} * 100$$

When a higher value is desirable, the percent difference is calculated as:

$$\frac{\text{goal} - \text{value}}{\text{goal}} * 100$$

This ensures that the percent difference is always positive. The measure score is assigned based on meeting the goal or the percent difference from the goal as follows:

- meets or exceeds goal: **5 aspirational** blue
- 1% - 10% difference: **4** green
- 11% - 20% difference: **3** yellow
- 21% - 30% difference: **2** orange
- more than 30% difference: **1** red

Exceptions

For *MRSA infection rate*, *VAP infection rate*, *CLAB infection rate*, and *Hospital acquired pressure ulcer (HAPU) rate*, scores are assigned to these measures as follows:

- value = 0: **5 aspirational** blue
- 0 < value ≤ 1: **4** green
- 1 < value ≤ 2: **3** yellow
- 2 < value ≤ 3: **2** orange

close
print

Click on close to return to the dashboard